



P.O. Box 1081*13347 West Main *Larose, LA 70373*
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SCHOLARSHIP APPLICATION

Application Due in Office by April 30

Name _____ Class _____

Date of Birth ___/___/___ Grade _____ Age _____ School _____

Mailing Address _____ City _____ Zip _____

Please answer the following: (Parents with younger athletes, interpret as exact as possible)

What is your overall GPA? _____ Time with ACA? _____

What social/extracurricular activities are you a part of? (4-H, band, Girls Scouts etc)

Do you have a church home? In what faith based activities are you involved? (VBS, Youth Camp, Bible Study, CCD classes etc.)

What are your goals in life? (What do you want to do when you grow up)

Other than what's listed above, what activities do you enjoy doing now? (being with friends, playing with i-pod, camping, sleeping etc)

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Explain what ACA means to you and how has ACA affected your life?

Explain why we should award you this scholarship